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| <p style="text-align: center;"><b>CHANGE OF<br/>CORRESPONDENCE ADDRESS<br/>Application</b></p> <p>Address to:<br/>Commissioner for Patents<br/>P.O. Box 1450<br/>Alexandria, VA 22313-1450</p> | <b>Application Number</b>     | 10/019,706       |
|  | <b>Filing Date</b>            | May 1, 2002      |
|  | <b>First Named Inventor</b>   | Stefan KASTNER   |
|  | <b>Group Art Unit</b>         | 3726             |
|  | <b>Examiner Name</b>          | Jermie E. Cozart |
|  | <b>Attorney Docket Number</b> | 20496-364        |

|  |                   |              |                                 |            |
|--|-------------------|--------------|---------------------------------|------------|
| <p>Please change the Correspondence Address for the above-identified application to:</p>   |                   |              |                                 |            |
| <p><input checked="" type="checkbox"/> The address associated with <span style="border: 1px solid black; padding: 2px 20px;">42532</span><br/>Customer Number: <span style="float: right;"><i>Type Customer Number here</i></span></p>   |                   |              |                                 |            |
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| <b>Telephone</b>   |                   | <b>Email</b> |                                 |            |
| <p>This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).</p> <p>I am the:</p> <p><input type="checkbox"/> Applicant/Inventor.</p> <p><input type="checkbox"/> Assignee of record of the entire interest.<br/>Certificate under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> Attorney or agent of record. Registration Number <u>L0312</u></p> <p><input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____</p> |                   |              |                                 |            |
| <b>Signature</b>   |                   |              |                                 |            |
| <p><b>Typed or Printed Name</b>     Pankaj N. Desai</p>  |                   |              |                                 |            |
| <b>Date</b>  | November 30, 2007 |              | <b>Telephone</b> (617) 526-9747 |            |
| <p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small></p>  |                   |              |                                 |            |
| <p><input type="checkbox"/> *Total of _____ forms are submitted.</p>   |                   |              |                                 |            |